



COOPERATIVE WORK EXPERIENCE STUDENT EVALUATION OF PROGRAM

Name:		Phone Number:	
Address:			
Parent/Legal Guardian:		Address:	
High School:		Program Area:	
Number of years in CTE training:		How many months of cooperative work experience did you receive?	
Name of business(s) in which you received cooperative work experience:			

Rate the training you received during your cooperative work experience:

	EXCELLENT	ADEQUATE	POOR
Ability of instructors to teach the course			
Advice and help from counselors			
Adequacy of lab or shop facilities			
Adequacy of classrooms			
Textbooks and instructional materials			
Practical application of training to the job			
Over-all training program			

Indicate how effective the cooperative work experience has been in improving your personal development:

	EXCELLENT	ADEQUATE	POOR
Increased achievement level			
Improved leadership ability			
Improved educational opportunities			
Increased occupational aspirations			
Improved occupational skill			
Improved employment status			

Rate the cooperative work experience:

	EXCELLENT	ADEQUATE	POOR
Supervision received from employer			
On-job experience			
Working conditions			
Help received from other employees			
Wages received			
Assistance received from the instructor/coordinator			

How much did the training program help you: (indicate one opinion for each)

	GREAT DEAL	SOME	LITTLE OR NONE
Prepare job application			
Job interviews			
Find a job			
Technically qualify for a job			
Understand employment problems			
Work with other people			
Adjust to work responsibilities			
Know your abilities and interests			
Understand technical information			
Prepare for further training			